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PO ZIP Code	Day of Delivery		
270	<input checked="" type="checkbox"/> First <input type="checkbox"/> Second	<input type="checkbox"/>	
Date In	Postage		
Mo. Day 3 01	\$		
Time In	Return Receipt Fee		
<input type="checkbox"/> AM <input type="checkbox"/> PM			
Weight	COD Fee	Insurance Fee	
No Delivery	Acceptance Clerk Initials	Total Postage & Fees	
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$	

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